## **City of Lake City**

Post Office Box 1329 Lake City, S.C. 29560



Phone (843) 374-5421 Fax (843) 374-1704

## **Business License Application**

Name of Bu	siness:			
	Physical / Business Address			Mailing Address:
Street:		Si	reet:	
City:			ity:	
State:	Zip:		ate:	Zip:
			(_	)
Federal ID / Social Security Number				Telephone Number
Type Busin				
	emporary Business			
O F	O Permanent Type of Bu		_	<del>-</del>
Scope of Bu	siness:			
	Date of Temporary Business:			
(1)	(1) Gross reported IRS / New Business Estimate		\$	
(2)	2) Gross business on which a license was paid to Another city (s) Name of City (s)			
	rune of City (3)		_	
(3)	Subtract line (2) and complete lice	ense on remainder	\$_	
	***No-Profit Vendors – A letter is to received, it will be reviewed, after which		-	ake City reflecting your status. Once this informate issued to operate at the event.***

I understand Issuance of a City Business License does not relieve me of the responsibility of meeting all City zoning and building code requirements, and that I am subject to all provisions of the Business License Ordinance of the City of Lake City.

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I (we) do hereby certify that the amount returned as total gross from my (our) Business or Profession as reported herein is true and correct and that I am familiar with the City Ordinance providing for penalties and revocation on my (our) license making false fraudulent statements in this Application.

I (we) do hereby certify that all personal property taxes have been paid which are due and payable to the City of Lake City (Section XIV, 1984 Code) as of this date and that the business name is the same as reported on my South Carolina Tax Return.

Please Return This Completed Application & License Fee To: The City of Lake City – Attention Finance - P.O. Box 1329- Lake City, S.C. 29560						
Print Name						